

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:  
**MIDDLE DIST. OF PENNSYLVANIA**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

☐ Check if this is an amended filing

**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy****04/20**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	<b>Mark</b> First Name <b>Joseph</b> Middle Name <b>Kosek</b> Last Name  Suffix (Sr., Jr., II, III)	<b>Carol</b> First Name <b>Lyn</b> Middle Name <b>Kosek</b> Last Name  Suffix (Sr., Jr., II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	<b>Mark</b> First Name <b>J.</b> Middle Name <b>Kosek</b> Last Name  <b>Mark</b> First Name  Middle Name <b>Kosek</b> Last Name  First Name  Middle Name  Last Name	<b>Carol</b> First Name <b>Lynn</b> Middle Name <b>Kosek</b> Last Name  <b>Carol</b> First Name <b>L.</b> Middle Name <b>Kosek</b> Last Name  <b>Carol</b> First Name  Middle Name <b>Kosek</b> Last Name

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 6 9 9 1

OR

9xx - xx - \_\_\_\_\_

xxx - xx - 9 8 0 8

OR

9xx - xx - \_\_\_\_\_

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

Business name

\_\_\_\_ - \_\_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_\_  
EIN

☒ I have not used any business names or EINs.

Business name

Business name

Business name

\_\_\_\_ - \_\_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_\_  
EIN

5. Where you live

**If Debtor 2 lives at a different address:**

**18 Casey Ave.**

Number Street

Number Street

**Old Forge** **PA** **18518**  
City State ZIP Code

**LACKAWANNA**  
County

City State ZIP Code

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

## Part 2: Tell the Court About Your Bankruptcy Case

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☐ No  
☒ Yes.

District Middle District of Pennsylvania When 08/30/2017 Case number 5-17-03578  
MM / DD / YYYY

District Middle District of Pennsylvania When 04/16/2019 Case number 5-19-01588  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No  
☐ Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

**11. Do you rent your residence?**

- ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you?  
☐ No. Go to line 12.  
☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

12. Are you a sole proprietor of any full- or part-time business?

- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

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☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.
- 16c.** State the type of debts you owe that are not consumer or business debts.  
\_\_\_\_\_
- 17. Are you filing under Chapter 7?**
- ☒ No. I am not filing under Chapter 7. Go to line 18.
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No  
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
- 19. How much do you estimate your assets to be worth?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 20. How much do you estimate your liabilities to be?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X /s/ Mark Joseph Kosek** \_\_\_\_\_

Mark Joseph Kosek, Debtor 1

Executed on **11/15/2021**

MM / DD / YYYY

**X /s/ Carol Lyn Kosek** \_\_\_\_\_

Carol Lyn Kosek, Debtor 2

Executed on **11/15/2021**

MM / DD / YYYY

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X /s/ Tullio DeLuca** \_\_\_\_\_

Signature of Attorney for Debtor

Date **11/15/2021**

MM / DD / YYYY

**Tullio DeLuca** \_\_\_\_\_

Printed name

**Law offices of Tullio DeLuca** \_\_\_\_\_

Firm Name

**381 N. 9th Avenue** \_\_\_\_\_

Number Street

**Scranton** \_\_\_\_\_

City

**PA** \_\_\_\_\_

State

**18504** \_\_\_\_\_

ZIP Code

Contact phone **(570) 347-7764** \_\_\_\_\_

Email address **Tullio.DeLuca@verizon.net** \_\_\_\_\_

**59887** \_\_\_\_\_

Bar number

**PA** \_\_\_\_\_

State



**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Mark</b>	<b>Joseph</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b>	<b>Lyn</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1.

**18 Casey Ave.**

Street address, if available, or other description

<b>Old Forge</b>	<b>PA</b>	<b>18518</b>
City	State	ZIP Code

<b>Lackawanna</b>
County

**18 Casey Ave., Old Forge, PA 18518**  
**primary residence**

**What is the property?**

Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?**

Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** 16520010060

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**\$150,387.00**Current value of the portion you own?**\$150,387.00

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Tenancy by the Entirety**

☐ Check if this is community property (see instructions)

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

1.2.

**326 Damon St.**

Street address, if available, or other description

**West Pittston PA 18643**  
City State ZIP Code

**Lackawanna**  
County

**1/4 interest, joint with Bernard F. Kosek, Jr., Jim Kosek, and Joyce Schonborn along with vacant lot on same deed**

**What is the property?**

Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?**

Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: **D11SW3 B007 L007**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**\$49,493.00**

**Current value of the portion you own?**

**\$49,493.00**

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Joint Tenants with Right**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... ➔

**\$199,880.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1.

Make: **Nissan**

Model: **Altima**

Year: **2007**

Approximate mileage: **161,700**

Other information:

**2007 Nissan Altima (approx. 161,700 miles)**

**Who has an interest in the property?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**\$3,500.00**

**Current value of the portion you own?**

**\$3,500.00**

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... ➔

**\$3,500.00**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... **various household goods and furnishings** **\$3,500.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No

☐ Yes. Describe..... \_\_\_\_\_

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe..... **books, pictures, CD's, DVD's, videos** **\$150.00**

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe..... \_\_\_\_\_

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe..... \_\_\_\_\_

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... **clothes** **\$1,000.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... **See continuation page(s).** **\$1,400.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe..... \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information..... \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**

**\$6,050.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

#### Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash: ..... **\$357.00**

**cash in possession. Amt: \$100.00**

**checking account, Fidelity Deposit & Discount Bank. Amt: \$257.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☒ No

☐ Yes..... Institution name:

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them..... Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: **401(k)** **\$10,000.00**

401(k) or similar plan: **401(k)** **\$2,000.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes..... Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information

\_\_\_\_\_

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

**employer-sponsored life insurance;  
no cash surrender value**

**\$0.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No

☐ Yes. Give specific information

\_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

\_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

\_\_\_\_\_

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information

\_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**



**\$12,357.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe..

\_\_\_\_\_

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.. \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☒ No

☐ Yes. Describe.. \_\_\_\_\_

**41. Inventory**

☒ No

☐ Yes. Describe.. \_\_\_\_\_

**42. Interests in partnerships or joint ventures**

☒ No

☐ Yes. Describe..... Name of entity: \_\_\_\_\_

% of ownership: \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.... \_\_\_\_\_

**44. Any business-related property you did not already list**

☒ No

☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....** ➔

**\$0.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

☒ No

☐ Yes.... \_\_\_\_\_

**48. Crops--either growing or harvested**

☒ No

☐ Yes. Give specific  
information..... \_\_\_\_\_

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☒ No

☐ Yes....

\_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

☒ No

☐ Yes....

\_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....**



**\$0.00**

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

☒ No

☐ Yes. Give specific information.

**54. Add the dollar value of all of your entries from Part 7. Write that number here.....**



**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

**55. Part 1: Total real estate, line 2.....** ➔ **\$199,880.00**

**56. Part 2: Total vehicles, line 5** **\$3,500.00**

**57. Part 3: Total personal and household items, line 15** **\$6,050.00**

**58. Part 4: Total financial assets, line 36** **\$12,357.00**

**59. Part 5: Total business-related property, line 45** **\$0.00**

**60. Part 6: Total farm- and fishing-related property, line 52** **\$0.00**

**61. Part 7: Total other property not listed, line 54** **\$0.00**

+

**62. Total personal property. Add lines 56 through 61.....** **\$21,907.00** Copy personal property total ➔ **+** **\$21,907.00**

**63. Total of all property on Schedule A/B. Add line 55 + line 62.....** **\$221,787.00**



Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

12. Jewelry (details):

ring and watch	<u>\$150.00</u>
various jewelry - ring, earrings, necklace, bracelet, watch	<u>\$1,250.00</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>Joseph</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b>	<b>Lyn</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: <b>326 Damon St. 1/4 interest, joint with Bernard F. Kosek, Jr., Jim Kosek, and Joyce Schonborn along with vacant lot on same deed Parcel: D11SW3 B007 L007</b> Line from <i>Schedule A/B</i> : <u>1.2</u>	<u>\$49,493.00</u>	<input checked="" type="checkbox"/> \$12,373.25 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>various household goods and furnishings</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$3,500.00</u>	<input checked="" type="checkbox"/> \$3,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim  <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: <b>books, pictures, CD's, DVD's, videos</b>  Line from <i>Schedule A/B</i> : <u>8</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>clothes</b>  Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>ring and watch</b>  Line from <i>Schedule A/B</i> : <u>12</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: <b>various jewelry - ring, earrings, necklace, bracelet, watch</b>  Line from <i>Schedule A/B</i> : <u>12</u>	<u>\$1,250.00</u>	<input checked="" type="checkbox"/> <u>\$1,250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: <b>cash in possession</b>  Line from <i>Schedule A/B</i> : <u>16</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>checking account, Fidelity Deposit &amp; Discount Bank</b>  Line from <i>Schedule A/B</i> : <u>16</u>	<u>\$257.00</u>	<input checked="" type="checkbox"/> <u>\$257.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>401(k)</b>  Line from <i>Schedule A/B</i> : <u>21</u>	<u>\$10,000.00</u>	<input checked="" type="checkbox"/> <u>\$10,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E)
Brief description: <b>401(k)</b>  Line from <i>Schedule A/B</i> : <u>21</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E)

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>Joseph</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b>	<b>Lyn</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.1

**Jefferson Capital Systems, LLC**

Creditor's name

**16 McLeland Road**

Number Street

Describe the property that secures the claim:

**2007 Nissan Altima (approx. 130000 miles)****\$5,375.00****\$3,500.00****\$1,875.00****Saint Cloud MN 56303-2198**

City

State

ZIP Code

**Who owes the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

**Purchase Money**Date debt was incurred **08/12/2015**Last 4 digits of account number **5 1 2 2**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$5,375.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 1:**

**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.2

Describe the property that secures the claim:

\$4,523.18

\$150,387.00

\$4,523.18

**Lackawanna County Tax Claim Bureau**

Creditor's name

**Lackawanna County Government Center**

Number Street

**123 Wyoming Ave., Suite 267**

**18 Casey Ave.**

**Scranton PA 18503**

City State ZIP Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☒ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Date debt was incurred 01/01/2015

Last 4 digits of account number 0 0 6 0

2.3

Describe the property that secures the claim:

\$4,000.00

\$150,387.00

\$4,000.00

**Lackawanna County Tax Claim Bureau**

Creditor's name

**Lackawanna County Government Center**

Number Street

**123 Wyoming Ave., Suite 267**

**18 Casey Ave.**

**Scranton PA 18503**

City State ZIP Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☒ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Date debt was incurred 01/01/2017

Last 4 digits of account number 0 0 6 0

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,523.18

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 1:**

**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.4

Describe the property that secures the claim:

\$4,000.00

\$150,387.00

\$4,000.00

**Lackawanna County Tax Claim Bureau**

Creditor's name

**Lackawanna County Government Center**

Number Street

**123 Wyoming Ave., Suite 267**

**18 Casey Ave.**

**Scranton PA 18503**

City State ZIP Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☒ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Date debt was incurred 01/01/2018

Last 4 digits of account number 0 0 6 0

2.5

Describe the property that secures the claim:

\$4,000.00

\$150,387.00

\$4,000.00

**Lackawanna County Tax Claim Bureau**

Creditor's name

**Lackawanna County Government Center**

Number Street

**123 Wyoming Ave., Suite 267**

**18 Casey Ave.**

**Scranton PA 18503**

City State ZIP Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☒ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Date debt was incurred 01/001/2019

Last 4 digits of account number 0 0 6 0

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,000.00

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 1:**

**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.6

Describe the property that secures the claim:

**\$4,000.00**

**\$150,387.00**

**\$4,000.00**

**Lackawanna County Tax Claim Bureau**

Creditor's name

**Lackawanna County Government Center**

Number Street

**123 Wyoming Ave., Suite 267**

**18 Casey Ave., Old Forge, PA 18518**

**Scranton PA 18503**

City State ZIP Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☒ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Date debt was incurred **1/1/2020**

Last 4 digits of account number \_\_\_\_\_

2.7

Describe the property that secures the claim:

**\$4,000.00**

**\$150,387.00**

**\$4,000.00**

**Lackawanna County Tax Claim Bureau**

Creditor's name

**Lackawanna County Government Center**

Number Street

**123 Wyoming Ave., Suite 267**

**18 Casey Ave., Old Forge, PA 18518**

**Scranton PA 18503**

City State ZIP Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☒ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Date debt was incurred **1/1/2021**

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$8,000.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 1:**

**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.8

Describe the property that secures the claim:

\$30,308.00

\$150,387.00

**PNC Bank, N.A.**

Creditor's name

**P.O. Box 94982**

Number Street

**18 Casey Ave.**

**Cleveland OH 44101**

City State ZIP Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Second Mortgage**

Date debt was incurred 01/12/2007

Last 4 digits of account number 6 0 5 0

2.9

Describe the property that secures the claim:

\$214,512.00

\$150,387.00

\$94,433.00

**PNC Bank, N.A.**

Creditor's name

**P.O. Box 94982**

Number Street

**18 Casey Ave.**

**Cleveland OH 44101**

City State ZIP Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**First Mortgage**

Date debt was incurred 07/25/2005

Last 4 digits of account number 5 8 0 2

Add the dollar value of your entries in Column A on this page. Write that number here:

\$244,820.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$274,718.18



**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>Joseph</b> Middle Name	<b>Kosek</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b> First Name	<b>Lyn</b> Middle Name	<b>Kosek</b> Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** claims and Part 2 for creditors with **NONPRIORITY** claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.  
☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$1,233.33	\$1,233.33	\$0.00
<b>PA Dept. of Revenue</b> Priority Creditor's Name <b>Bankruptcy Division</b> Number Street <b>Dept. 280946</b>			
Last 4 digits of account number <b>6 9 9 1</b>		When was the debt incurred? <b>01/01/2015</b>	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Harrisburg</b> City	<b>PA</b> State	<b>17128-0496</b> ZIP Code	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

**\$905.00**

4.1

**American Web Loan**

Nonpriority Creditor's Name

**2128 N. 14th St. #130**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Personal loan**

**Ponca City**

**OK**

**74601**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.2

**Andrew A. Brown, DMD**

Nonpriority Creditor's Name

**632 Davis St.**

Number Street

Last 4 digits of account number **0 1 1 8**

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Scranton**

**PA**

**18505**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$113.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$13,857.00**

4.3

**Capital One**

Nonpriority Creditor's Name

**PO Box 30285**

Number Street

**Salt Lake City**

**UT**

**84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 8 5 2 3

**When was the debt incurred?** 09/15/2008

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

4.4

**Capital One**

Nonpriority Creditor's Name

**P.O Box 30285**

Number Street

**Salt Lake City**

**UT**

**84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

4.5

**Carlucci, Golden, DeSantis Funeral Home,**

Nonpriority Creditor's Name

**318 East Drinker St.**

Number Street

**Dunmore**

**PA**

**18512**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** 01/10/15

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Funeral services**

**\$931.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$562.00**

4.6

**Cavalry SPV I LLC**

Nonpriority Creditor's Name

**500 Summit Lake Dr, Ste 400**

Number Street

Last 4 digits of account number 8 2 8 3

When was the debt incurred? 04/11/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for HSBC**

**Valhalla**

**NY 10595**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$0.00**

4.7

**Celtic Bank**

Nonpriority Creditor's Name

**268 South State St.**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 968.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

**Salt Lake City**

**UT 84111**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$1,357.00**

4.8

**Claims Recovery Systems**

Nonpriority Creditor's Name

**6 E. Main St.**

Number Street

Last 4 digits of account number 0 7 4 7

When was the debt incurred? 01/31/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Judgment**

**Carnegie**

**PA 15106**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

**\$927.00**

**Comcast-PA**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**1555 Suzy St.**

**Lebanon**

**PA**

**17046**

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **01/10/15**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Telecommunications**

4.10

**\$777.00**

**Comenity Bank**

Nonpriority Creditor's Name

**Bankruptcy Department**

Number Street

**P.O. Box 182125**

**Columbus**

**OH**

**43218-2125**

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **01/01/20**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Purchase of Consumer Goods**

4.11

**\$2,397.00**

**Commonwealth Health**

Nonpriority Creditor's Name

**PO Box 411064**

Number Street

**Boston**

**MA**

**02241-1064**

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **01/01/21**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Medical Services**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$15,925.23**

4.12

**Credit Acceptance Corporation**

Nonpriority Creditor's Name

**25505 W 12 Mile Rd.**

Number Street

**Southfield MI 48034-0846**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** 11/01/20

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Repossession Deficiency**

4.13

**Credit Collection Services**

Nonpriority Creditor's Name

**P.O. Box 607**

Number Street

**Norwood MA 02062**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 5 5 3 9

**When was the debt incurred?** 12/01/2014

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Progressive Insurance**

4.14

**Credit Collection Services**

Nonpriority Creditor's Name

**P.O. Box 607**

Number Street

**Norwood MA 02062**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 6 0 5 4

**When was the debt incurred?** 03/15/2016

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for The General Insurance Company**

**\$313.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$870.00

**CreditOne**

Nonpriority Creditor's Name

**P.O. Box 98873**

Number Street

**Las Vegas**

**NV**

**89193**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 4 4 7

When was the debt incurred? 03/19/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

4.16

\$91.00

**David A. Troynacki, DMD**

Nonpriority Creditor's Name

**1524 Sans Souci Parkway**

Number Street

**Wilkes-Barre**

**PA**

**18706**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 8 4 4

When was the debt incurred? 01/10/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**dental services**

4.17

\$154.00

**David T. Oven, DDS**

Nonpriority Creditor's Name

**320 W. Drinker St.**

Number Street

**Dunmore**

**PA**

**18512**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Dental services**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.18

**\$408.50**

**Delta Medix, P.C.**

Nonpriority Creditor's Name

**300 Lackawanna Ave., Unit 200**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Scranton PA 18503**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.19

**\$591.15**

**Dept. of Labor & Industry**

Nonpriority Creditor's Name

**Office of Chief Counsel**

Number Street

**Tenth Floor Labor & Industry Bldg.**

**651 Boas St.**

**Harrisburg PA 17121**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 8 0 8

When was the debt incurred? 01/01/15

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Unemployment benefits compensation**

4.20

**\$951.00**

**Directv**

Nonpriority Creditor's Name

**P.O. Box 6550**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Satellite Services**

**Greenwood Village CO 80155**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes



Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$951.00**

4.21

**Directv**

Nonpriority Creditor's Name

**P.O. Box 6550**

Number Street

**Greenwood Village CO 80155**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 5 8 9

When was the debt incurred? 10/08/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Satellite Services**

**\$327.00**

4.22

**First National Community Bank**

Nonpriority Creditor's Name

**102 E. Drinker St.**

Number Street

**Dunmore PA 18512**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Overdraft**

**\$453.00**

4.23

**First Premier Bank**

Nonpriority Creditor's Name

**P.O. Box 5524**

Number Street

**Sioux Falls SD 57117-5524**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 5 1 7 8

When was the debt incurred? 11/19/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$375.00**

4.24

**Inbox Loan**

Nonpriority Creditor's Name

**P.O. Box 881**

Number Street

**Santa Rosa**

**CA**

**95402**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 4 9 8

When was the debt incurred? 08/15/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Personal loan**

**\$273.00**

4.25

**John A. Fischer OD PC**

Nonpriority Creditor's Name

**247 Main St**

Number Street

**Duryea**

**PA**

**18642**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

**\$207.00**

4.26

**John A. Fischer, OD PC**

Nonpriority Creditor's Name

**247 Main St.**

Number Street

**Duryea**

**PA**

**18642-1030**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 7 1 9

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Optometry services**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$129.00

**Keystone Prosthetics & Orth**

Nonpriority Creditor's Name

**334 Main St.**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Dickson City**

**PA**

**18519**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.28

\$129.00

**Keystone Prosthetics & Orth**

Nonpriority Creditor's Name

**334 Main St.**

Number Street

Last 4 digits of account number 9 9 H X

When was the debt incurred? 06/23/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical equipment**

**Dickson City**

**PA**

**18519**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.29

\$1,104.00

**LVNV Funding LLC**

Nonpriority Creditor's Name

**P.O. Box 10497**

Number Street

Last 4 digits of account number V 3 8 8

When was the debt incurred? 0129/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Judgment**

**Greenville**

**SC**

**29603**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$1,248.00**

4.30

**LVNV Funding LLC**

Nonpriority Creditor's Name

**P.O. Box 10497**

Number Street

**Greenville**

**SC**

**29603**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 2 0 6 7

When was the debt incurred? 03/11/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for HSBC**

4.31

**Medical Data Systems, Inc.**

Nonpriority Creditor's Name

**645 walnut St. Ste 5**

Number Street

**Gadsden**

**AL**

**35901**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.32

**Mohegan Sun**

Nonpriority Creditor's Name

**Attn: Legal Dept.**

Number Street

**1280 Hwy. 315**

**Wilkes-Barre**

**PA**

**18702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**returned check**

**\$75.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.33

\$225.00

**Mohegan Sun**

Nonpriority Creditor's Name

Attn: Legal Dept.

Number Street  
1280 Hwy. 315

Wilkes-Barre PA 18702  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Returned check**

4.34

\$225.00

**Mohegan Sun**

Nonpriority Creditor's Name

Attn: Legal Dept.

Number Street  
1280 Hwy. 315

Wilkes-Barre PA 18702  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Returned check**

4.35

\$1,218.00

**Moses Taylor Hospital**

Nonpriority Creditor's Name

700 Quincy Ave

Number Street

Attn: Justin Davis CEO

Scranton PA 18510  
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 3 0 5 7

When was the debt incurred? 12/12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$1,093.00**

4.36

**Moses Taylor Hospital**

Nonpriority Creditor's Name

**700 Quincy Ave**

Number Street

**Attn: Justin Davis CEO**

**Scranton**

**PA**

**18510**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 7 9 2

When was the debt incurred? 08/24/20018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.37

**\$737.00**

**Nationwide Insurance**

Nonpriority Creditor's Name

**Company of America**

Number Street

**P.O. Box 13958**

**Philadelphia**

**PA**

**19101-3958**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 01/01/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**insurance**

4.38

**\$100.00**

**NEI ASC, Inc.**

Nonpriority Creditor's Name

**200 Mifflin Ave.**

Number Street

**Scranton**

**PA**

**18503**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 1 9 2

When was the debt incurred? 02/06/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Optometry services**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$6,356.00**

4.39

**PAWC**

Nonpriority Creditor's Name

**PO Box 578**

Number Street

**Alton IL 62002-0578**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utility**

4.40

**Pennsylvania American Water**

Nonpriority Creditor's Name

**P.O. Box 578**

Number Street

**Alton IL 62002**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 1 6 0

When was the debt incurred? 01/01/15

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**water**

**\$4,177.00**

4.41

**Pennsylvania Physician Services, LLC**

Nonpriority Creditor's Name

**5665 New Northside Dr.**

Number Street

**Atlanta GA 30328-5831**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 6 9 8

When was the debt incurred? 01/01/17

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$46.00**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$326.00**

4.42

**Portfolio Recovery Associates LLC**

Nonpriority Creditor's Name

**120 Corporate Blvd**

Number Street

**Norfolk**

**VA**

**23502**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 8 7 9

When was the debt incurred? 08/28/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for World Financial Network Bank**

4.43

**PPL Electric Utilities**

Nonpriority Creditor's Name

**827 Hausman Rd.**

Number Street

**Allentown**

**PA**

**18104-9392**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 0 0 6

When was the debt incurred? 01/01/15

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utility**

4.44

**PPL Electric Utilities**

Nonpriority Creditor's Name

**2 North 9th Street**

Number Street

**Allentown**

**PA**

**18104**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utility**

**\$8,358.00**

**\$5,437.00**



Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.45

\$663.00

**Professional Neurological Assoc.**

Nonpriority Creditor's Name

**235 Main St.**

Number Street

Last 4 digits of account number 0 6 1 2

When was the debt incurred? 12/30/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Dickson City PA 18519-1652**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.46

\$663.00

**Professional Neurological Assoc.**

Nonpriority Creditor's Name

**235 Main St.**

Number Street

Last 4 digits of account number 0 6 1 2

When was the debt incurred? 02/13/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Dickson City PA 18519-1652**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.47

\$258.00

**Regional Hospital of Scranton**

Nonpriority Creditor's Name

**746 Jefferson Ave.**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Scranton PA 18510**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.48

\$177.00

**Regional Hospital of Scranton**

Nonpriority Creditor's Name

**746 Jefferson Ave.**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Scranton**

**PA**

**18510**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.49

\$900.00

**Rosebud Lending, LZO**

Nonpriority Creditor's Name

**P.o. box 1147**

Number Street

**27565 Research Park Dr.**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **01/01/14**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Personal loan**

**Mission**

**SD**

**57555**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.50

\$308.00

**Scranton Cardiovascular Physician Servic**

Nonpriority Creditor's Name

**746 Jefferson Ave.**

Number Street

Last 4 digits of account number **D 3 2 9**

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Scranton**

**PA**

**18510**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$2,867.00**

4.51

**Sprint**

Nonpriority Creditor's Name

**P.O. Box 7993**

Number Street

**Overland Park**

**KS**

**66207**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 6 8 3

When was the debt incurred? 01/03/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Telecommunications**

**\$1,664.00**

4.52

**Synchrony Bank/Old Navy**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.**

Number Street

**P.O. Box 965060**

**Orlando**

**FL**

**32896-5060**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 3 6 3 7

When was the debt incurred? 07/22/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

**\$4,144.00**

4.53

**Synchrony Bank/Sam's Club**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.**

Number Street

**P.O. Box 965060**

**Orlando**

**FL**

**32896-5060**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 5 9 7

When was the debt incurred? 06/14/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$3,034.00**

4.54

**UGI**

Nonpriority Creditor's Name

**P.O. Box 13009**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**3034.00**

**Reading**

**PA 19612**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$1,145.00**

4.55

**Verizon Bankruptcy Dept.**

Nonpriority Creditor's Name

**500 Technology Drive**

Number Street

**Suite 550**

Last 4 digits of account number **0 0 0 1**

When was the debt incurred? **07/09/2005**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Telecommunications**

**Weldon Spring**

**MO 63304**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$159.00**

4.56

**Verizon Bankruptcy Dept.**

Nonpriority Creditor's Name

**500 Technology Drive**

Number Street

**Suite 550**

Last 4 digits of account number **9 0 0 8**

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Telecommunications**

**Weldon Spring**

**MO 63304**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$276.00**

4.57

**Verizon Bankruptcy Dept.**

Nonpriority Creditor's Name  
**500 Technology Drive**  
Number Street  
**Suite 550**

**Weldon Spring** **MO** **63304**  
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 2 3 4 0

When was the debt incurred? 10/08/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Telecommunications**

4.58

**\$612.00**

**Verizon Bankruptcy Dept.**

Nonpriority Creditor's Name  
**500 Technology Drive**  
Number Street  
**Suite 550**

**Weldon Spring** **MO** **63304**  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 0 0 1

When was the debt incurred? 03/03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Telecommunications**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Ability Recovery Svcs. LLC**

Name

**P.O. Box 4031**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.50 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Wyoming**

**PA**

**18644**

City

State

ZIP Code

**Commercial Acceptance Co.**

Name

**2 W. Main St.**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Shiremanstown**

**PA**

**17011**

City

State

ZIP Code

**Commercial Acceptance Co.**

Name

**2 W. Main St.**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Shiremanstown**

**PA**

**17011**

City

State

ZIP Code

**Commonwealth Health**

Name

**P.O.Box 1022**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Wixom**

**MI**

**48393-1022**

City

State

ZIP Code

**Credit Collection Services**

Name

**P.O. Box 607**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Norwood**

**MA**

**02062**

City

State

ZIP Code

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Credit Control, LLC**

Name  
**5757 Phantom Drive**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Hazelwood** **MO** **63042**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Directv, LLC**

Name  
**by American InfoSource LP as agent**  
Number Street  
**4515 N. Santa Fe Ave.**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Oklahoma City** **OK** **73118**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**ERC**

Name  
**P.O. Box 57547**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.51 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Jacksonville** **FL** **32241**  
City State ZIP Code

Last 4 digits of account number 5 1 2 6

**Jefferson Capital Systems, LLC**

Name  
**P.O. Box 7999**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**St. Cloud** **MN** **56302**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Jefferson Capital Systems, LLC**

Name  
**16 McLeland Road**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Saint Cloud** **MN** **56303-2198**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**LVNV Funding LLC**

Name  
**P.O. Box 10497**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Greenville** **SC** **29603**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**LVNV Funding LLC**

Name  
**P.O. Box 10497**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Greenville** **SC** **29603**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**LVNV Funding LLC**

Name  
**P.O. Box 10497**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Greenville** **SC** **29603**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Medical Data Systems**

Name  
**2001 9th Ave.**  
Number Street  
**Ste. 312**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Vero Beach** **FL** **32960**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Midland Funding, LLC**

Name  
**2365 Northside Drive, Ste. 300**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**San Diego** **CA** **92108**  
City State ZIP Code

Last 4 digits of account number 8 5 6 2

**NCC**

Name  
**245 Main St.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Dickson City** **PA** **18519**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Pennsylvania Physician Services, LLC**

Name  
**700 Quincy Ave.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Scranton** **PA** **18510**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_



Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Professional Account Svcs.**

Name

**P.O. Box 188**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Brentwood**

**TN**

**37024**

City

State

ZIP Code

**Radius Global Solutions, LLC**

Name

**PO Box 390846**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Minneapolis**

**MN**

**55439**

City

State

ZIP Code

**Receivables Performance Mgmt**

Name

**20816 44th Ave. W**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Lynnwood**

**WA**

**98036**

City

State

ZIP Code

**Resurgent Capital Services**

Name

**PO Box 10587**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Greenville**

**SC**

**29601**

City

State

ZIP Code

**Resurgent Capital Services**

Name

**PO Box 10587**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Greenville**

**SC**

**29601**

City

State

ZIP Code

**Resurgent Capital Services**

Name

**PO Box 10587**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Greenville**

**SC**

**29601**

City

State

ZIP Code

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Resurgent Capital Services**

Name  
**PO Box 10675**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Greenville** **SC** **29603-0675**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Resurgent Capital Services**

Name  
**PO Box 10587**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Greenville** **SC** **29601**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**SW Credit Systems, LP**

Name  
**4120 International Pkwy., Suite 1100**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Carrollton** **TX** **75007**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Tek Collect**

Name  
**P.O. Box 1269**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Columbus** **OH** **43216**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Transworld Systems**

Name  
**500 Virginia Dr., Suite 514**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Ft. Washington** **PA** **19034**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Trident Asset Management**

Name  
**53 Perimeter Center East, Ste. 440**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Atlanta** **GA** **30346**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Trident Asset Management**

Name  
**53 Perimeter Center East, Ste. 440**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Atlanta** **GA** **30346**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Trident Asset Management**

Name  
**53 Perimeter Center East, Ste. 440**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Atlanta** **GA** **30346**  
City State ZIP Code

Last 4 digits of account number 9 0 0 8

**Trident Asset Management**

Name  
**53 Perimeter Center East, Ste. 440**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Atlanta** **GA** **30346**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Verizon by American Infosource, LP as ag**

Name  
**4515 Santa Fe Ave.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.57 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Oklahoma City** **OK** **73118**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.  
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$1,233.33</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$1,233.33</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$93,592.88</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$93,592.88</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>Joseph</b> Middle Name	<b>Kosek</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b> First Name	<b>Lyn</b> Middle Name	<b>Kosek</b> Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>Joseph</b> Middle Name	<b>Kosek</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b> First Name	<b>Lyn</b> Middle Name	<b>Kosek</b> Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☒ No  
☐ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>Joseph</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b>	<b>Lyn</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>MIDDLE DIST. OF PENNSYLVANIA</b>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**

- ☒ Employed  
☐ Not employed

**Occupation****Customer Service****Employer's name****Genpact, LLC****Employer's address**

Number Street

City

State Zip Code

How long employed there? **5 years****Debtor 2 or non-filing spouse**

- ☒ Employed  
☐ Not employed

**Customer Service****Genpact, LLC**

Number Street

City

State Zip Code

**5.5 years****Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<b>2. \$4,420.00</b>	<b>\$3,773.00</b>
<b>3. Estimate and list monthly overtime pay.</b>	<b>3. + \$0.00</b>	<b>\$0.00</b>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	<b>4. \$4,420.00</b>	<b>\$3,773.00</b>

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<b>\$4,420.00</b>	<b>\$3,773.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	<b>\$885.00</b>	<b>\$648.36</b>
5b. Mandatory contributions for retirement plans	<b>\$0.00</b>	<b>\$0.00</b>
5c. Voluntary contributions for retirement plans	<b>\$0.00</b>	<b>\$112.15</b>
5d. Required repayments of retirement fund loans	<b>\$22.43</b>	<b>\$106.31</b>
5e. Insurance	<b>\$117.00</b>	<b>\$606.00</b>
5f. Domestic support obligations	<b>\$0.00</b>	<b>\$0.00</b>
5g. Union dues	<b>\$0.00</b>	<b>\$0.00</b>
5h. Other deductions. Specify: <b>401K roth</b>	<b>\$42.16</b>	<b>\$0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>\$1,066.59</b>	<b>\$1,472.82</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>\$3,353.41</b>	<b>\$2,300.18</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	<b>\$0.00</b>	<b>\$0.00</b>
8b. Interest and dividends	<b>\$0.00</b>	<b>\$0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	<b>\$0.00</b>	<b>\$0.00</b>
8d. Unemployment compensation	<b>\$0.00</b>	<b>\$0.00</b>
8e. Social Security	<b>\$0.00</b>	<b>\$0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	<b>\$0.00</b>	<b>\$0.00</b>
8g. Pension or retirement income	<b>\$0.00</b>	<b>\$0.00</b>
8h. Other monthly income. Specify: <b>See continuation sheet / Contribution from daugh</b>	<b>\$255.00</b>	<b>\$400.00</b>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	<b>\$255.00</b>	<b>\$400.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>\$3,608.41</b>	<b>\$2,700.18</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		<b>\$0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		<b>\$6,308.59</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <b>None.</b> <input type="checkbox"/> Yes. Explain: _____		<b>Combined monthly income</b>



Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>8h. Other Monthly Income (details)</b>		
<u>Average Tax Refund / Contribution from daughter</u>	<u>\$55.00</u>	<u>\$400.00</u>
<u>Odd end jobs</u>	<u>\$200.00</u>	
Totals:	<div>\$255.00</div>	<div>\$400.00</div>

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>Joseph</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b>	<b>Lyn</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>MIDDLE DIST. OF PENNSYLVANIA</b>		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

<b>Dependent's relationship to Debtor 1 or Debtor 2</b>	<b>Dependent's age</b>	<b>Does dependent live with you?</b>
<u>daughter</u>	<u>24</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>daughter</u>	<u>20</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses**

**4. The rental or home ownership expenses for your residence.**  
Include first mortgage payments and any rent for the ground or lot.

**If not included in line 4:**

4. \$966.14

4a. Real estate taxes

4a. \$337.00

4b. Property, homeowner's, or renter's insurance

4b. \$125.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$100.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Your expenses**

<b>5. Additional mortgage payments for your residence, such as home equity loans</b>	5.	<u>\$0.00</u>
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	<u>\$325.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$67.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$400.00</u>
6d. Other. Specify: <u>Internet</u>	6d.	<u>\$60.00</u>
<b>7. Food and housekeeping supplies</b>	7.	<u>\$800.00</u>
<b>8. Childcare and children's education costs</b>	8.	<u>\$0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<u>\$100.00</u>
<b>10. Personal care products and services</b>	10.	<u>\$40.00</u>
<b>11. Medical and dental expenses</b>	11.	<u>\$150.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$220.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<u>\$100.00</u>
<b>14. Charitable contributions and religious donations</b>	14.	<u>\$5.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$0.00</u>
15b. Health insurance	15b.	<u>\$0.00</u>
15c. Vehicle insurance	15c.	<u>          </u>
15d. Other insurance. Specify: _____	15d.	<u>          </u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	<u>          </u>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a.	<u>          </u>
17b. Car payments for Vehicle 2	17b.	<u>          </u>
17c. Other. Specify: _____	17c.	<u>          </u>
17d. Other. Specify: _____	17d.	<u>          </u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	<u>\$0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	<u>\$0.00</u>

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a.	<u>\$0.00</u>
20b. Real estate taxes	20b.	<u>\$0.00</u>
20c. Property, homeowner's, or renter's insurance	20c.	<u>\$0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d.	<u>\$0.00</u>
20e. Homeowner's association or condominium dues	20e.	<u>\$0.00</u>

21. Other. Specify: See continuation sheet 21. + \$373.00

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a.	<u>\$4,168.14</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	<u>                    </u>
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	<u>\$4,168.14</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	<u>\$6,308.59</u>
23b. Copy your monthly expenses from line 22c above.	23b.	<u>-\$4,168.14</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	<u>\$2,140.45</u>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

21. Other. Specify:

<b>Auto Maintenance and repair</b>	<b>\$100.00</b>
<b>Cigarettes</b>	<b>\$213.00</b>
<b>Hair cuts</b>	<b>\$60.00</b>

<b>Total:</b>	<b>\$373.00</b>
---------------	-----------------

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>Joseph</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b>	<b>Lyn</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing
**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets****Your assets**

Value of what you own

**1. Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<b>\$199,880.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<b>\$21,907.00</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	<b>\$221,787.00</b>

**Part 2: Summarize Your Liabilities****Your liabilities**

Amount you owe

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D....	<b>\$274,718.18</b>
--	---------------------

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<b>\$1,233.33</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<b>+</b> <b>\$93,592.88</b>

**Your total liabilities****\$369,544.39****Part 3: Summarize Your Income and Expenses****4. Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<b>\$6,308.59</b>
---	-------------------

**5. Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<b>\$4,168.14</b>
---	-------------------

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$8,392.34**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$1,233.33</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$1,233.33</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>Joseph</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b>	<b>Lyn</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules****12/15**

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X /s/ Mark Joseph Kosek** \_\_\_\_\_  
Mark Joseph Kosek, Debtor 1

Date **11/15/2021** \_\_\_\_\_  
MM / DD / YYYY

**X /s/ Carol Lyn Kosek** \_\_\_\_\_  
Carol Lyn Kosek, Debtor 2

Date **11/15/2021** \_\_\_\_\_  
MM / DD / YYYY



**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>Joseph</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Carol</b>	<b>Lyn</b>	<b>Kosek</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1  
Debtor 2

Case number (if known) \_\_\_\_\_

## Part 2:

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐
- No

- ☒
- Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$42,153.08</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$37,731.36</u>
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
For the last calendar year:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$92,699.00</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u></u>
(January 1 to December 31, <u>2020</u> ) 				

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒
- No

- ☐ Yes. Fill in the details.

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No

☐ Yes. Fill in the details.

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

#### **Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

#### **Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

**Part 7: List Certain Payments or Transfers**

- 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<b>Tullio DeLuca, Esq.</b> Person Who Was Paid	<b>legal fees</b>		
<b>381 N. 9th Ave.</b> Number Street		<b>11/2021</b>	<b>\$1,000.00</b>
<b>Scranton</b> City	<b>PA</b> State	<b>18504</b> ZIP Code	
Email or website address			

Person Who Made the Payment, if Not You

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

- ☒ No  
☐ Yes. Fill in the details.

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Mark Joseph Kosek**  
Debtor 2 **Carol Lyn Kosek**

Case number (if known) \_\_\_\_\_

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

### Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☒ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

**Describe the nature of the business**  
**Legacy Polymer Products**  
Business Name \_\_\_\_\_  
\_\_\_\_\_  
Number Street \_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

**Name of accountant or bookkeeper**  
\_\_\_\_\_  
\_\_\_\_\_

**Employer Identification number**  
**Do not include Social Security number or ITIN.**  
EIN: \_\_\_\_\_ - \_\_\_\_\_  
**Dates business existed**  
From 2007 To 2015

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

### Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ **Mark Joseph Kosek**  
Mark Joseph Kosek, Debtor 1  
Date 11/15/2021

X /s/ **Carol Lyn Kosek**  
Carol Lyn Kosek, Debtor 2  
Date 11/15/2021

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF PENNSYLVANIA  
WILKES-BARRE DIVISION**

In re **Mark Joseph Kosek  
Carol Lyn Kosek**

Case No. \_\_\_\_\_

Chapter **13** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u><b>\$4,500.00</b></u>
Prior to the filing of this statement I have received.....	<u><b>\$1,000.00</b></u>
Balance Due.....	<u><b>\$3,500.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify)  
**through Chapter 13 plan**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;



6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**The Debtor and the undersigned agree that any additional legal services required but not outlined above, such as adversary proceedings, objections to proof of claims, motions to sell property, and amending the plan post confirmation, shall be charged and paid at an hourly rate of \$250.00 per hour. In the event a violation of auto stay and/or discharge injunction occurs which requires a proceeding to be filed and prosecuted, Debtor agrees to be charged and pay an hourly rate of \$300.00.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/15/2021

*Date*

/s/ Tullio DeLuca

*Tullio DeLuca*

Law offices of Tullio DeLuca

381 N. 9th Avenue

Scranton, PA 18504

Phone: (570) 347-7764 / Fax: (570) 347-7763

Bar No. 59887

/s/ Mark Joseph Kosek

*Mark Joseph Kosek*

/s/ Carol Lyn Kosek

*Carol Lyn Kosek*

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF PENNSYLVANIA  
WILKES-BARRE DIVISION**

IN RE: **Mark Joseph Kosek  
Carol Lyn Kosek**

CASE NO

CHAPTER **13**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/15/2021

Signature /s/ Mark Joseph Kosek  
Mark Joseph Kosek

Date 11/15/2021

Signature /s/ Carol Lyn Kosek  
Carol Lyn Kosek

Ability Recovery Svcs. LLC  
P.O. Box 4031  
Wyoming, PA 18644

American Web Loan  
2128 N. 14th St. #130  
Ponca City, OK 74601

Andrew A. Brown, DMD  
632 Davis St.  
Scranton, PA 18505

Capital One  
PO Box 30285  
Salt Lake City, UT 84130

Capital One  
P.O Box 30285  
Salt Lake City, UT 84130

Carlucci, Golden, DeSantis Funeral Home,  
318 East Drinker St.  
Dunmore, PA 18512

Carol Lyn Kosek  
18 Casey Ave.  
Old Forge, PA 18518

Cavalry SPV I LLC  
500 Summit Lake Dr, Ste 400  
Valhalla, NY 10595

Celtic Bank  
268 South State St.  
Salt Lake City, UT 84111

Claims Recovery Systems  
6 E. Main St.  
Carnegie, PA 15106

Comcast-PA  
Attn: Bankruptcy  
1555 Suzy St.  
Lebanon, PA 17046

Comenity Bank  
Bankruptcy Department  
P.O. Box 182125  
Columbus, OH 43218-2125

Commercial Acceptance Co.  
2 W. Main St.  
Shiremanstown, PA 17011

Commonwealth Health  
P.O.Box 1022  
Wixom, MI 48393-1022

Commonwealth Health  
PO Box 411064  
Boston, MA 02241-1064

Credit Acceptance Corporation  
25505 W 12 Mile Rd.  
Southfield, MI 48034-0846

Credit Collection Services  
P.O. Box 607  
Norwood, MA 02062

Credit Control, LLC  
5757 Phantom Drive  
Hazelwood, MO 63042

CreditOne  
P.O. Box 98873  
Las Vegas, NV 89193

David A. Troynacki, DMD  
1524 Sans Souci Parkway  
Wilkes-Barre, PA 18706

David T. Oven, DDS  
320 W. Drinker St.  
Dunmore, PA 18512

Delta Medix, P.C.  
300 Lackawanna Ave., Unit 200  
Scranton, PA 18503

Dept. of Labor & Industry  
Office of Chief Counsel  
Tenth Floor Labor & Industry Bldg.  
651 Boas St.  
Harrisburg, PA 17121

Directv  
P.O. Box 6550  
Greenwood Village, CO 80155

Directv, LLC  
by American InfoSource LP as agent  
4515 N. Santa Fe Ave.  
Oklahoma City, OK 73118

ERC  
P.O. Box 57547  
Jacksonville, FL 32241

First National Community Bank  
102 E. Drinker St.  
Dunmore, PA 18512

First Premier Bank  
P.O. Box 5524  
Sioux Falls, SD 57117-5524

Inbox Loan  
P.O. Box 881  
Santa Rosa, CA 95402

Jefferson Capital Systems, LLC  
16 McLeland Road  
Saint Cloud, MN 56303-2198

Jefferson Capital Systems, LLC  
P.O. Box 7999  
St. Cloud, MN 56302

John A. Fischer OD PC  
247 Main St  
Duryea, PA 18642

John A. Fischer, OD PC  
247 Main St.  
Duryea, PA 18642-1030

Keystone Prosthetics & Orth  
334 Main St.  
Dickson City, PA 18519

Lackawanna County Tax Claim Bureau  
Lackawanna County Government Ctr.  
123 Wyoming Ave., Suite 267  
Scranton, PA 18503

Law offices of Tullio DeLuca  
381 N. 9th Avenue  
Scranton, PA 18504

LVNV Funding LLC  
P.O. Box 10497  
Greenville, SC 29603

Mark Joseph Kosek  
18 Casey Ave.  
Old Forge, PA 18518

Medical Data Systems  
2001 9th Ave.  
Ste. 312  
Vero Beach, FL 32960

Medical Data Systems, Inc.  
645 walnut St. Ste 5  
Gadsden, AL 35901

Midland Funding, LLC  
2365 Northside Drive, Ste. 300  
San Diego, CA 92108

Mohegan Sun  
Attn: Legal Dept.  
1280 Hwy. 315  
Wilkes-Barre, PA 18702

Moses Taylor Hospital  
700 Quincy Ave  
Attn: Justin Davis CEO  
Scranton, PA 18510

Nationwide Insurance  
Company of America  
P.O. Box 13958  
Philadelphia, PA 19101-3958

NCC  
245 Main St.  
Dickson City, PA 18519

NEI ASC, Inc.  
200 Mifflin Ave.  
Scranton, PA 18503

PA Dept. of Revenue  
Bankruptcy Division  
Dept. 280946  
Harrisburg, PA 17128-0496

PAWC  
PO Box 578  
Alton, IL 62002-0578

Pennsylvania American Water  
P.O. Box 578  
Alton, IL 62002

Pennsylvania Physician Services, LLC  
5665 New Northside Dr.  
Atlanta, GA 30328-5831

Pennsylvania Physician Services, LLC  
700 Quincy Ave.  
Scranton, PA 18510

PNC Bank, N.A.  
P.O. Box 94982  
Cleveland, OH 44101

Portfolio Recovery Associates LLC  
120 Corporate Blvd  
Norfolk, VA 23502

PPL Electric Utilities  
827 Hausman Rd.  
Allentown, PA 18104-9392



PPL Electric Utilities  
2 North 9th Street  
Allentown, PA 18104

Professional Account Svcs.  
P.O. Box 188  
Brentwood, TN 37024

Professional Neurological Assoc.  
235 Main St.  
Dickson City, PA 18519-1652

Radius Global Solutions, LLC  
PO Box 390846  
Minneapolis, MN 55439

Receivables Performance Mgmt  
20816 44th Ave. W  
Lynnwood, WA 98036

Regional Hospital of Scranton  
746 Jefferson Ave.  
Scranton, PA 18510

Resurgent Capital Services  
PO Box 10675  
Greenville, SC 29603-0675

Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29601

Rosebud Lending, LZO  
P.O. box 1147  
27565 Research Park Dr.  
Mission, SD 57555

Scranton Cardiovascular Physician Servic  
746 Jefferson Ave.  
Scranton, PA 18510

Sprint  
P.O. Box 7993  
Overland Park, KS 66207

SW Credit Systems, LP  
4120 International Pkwy., Suite 1100  
Carrollton, TX 75007

Synchrony Bank/Old Navy  
Attn: Bankruptcy Dept.  
P.O. Box 965060  
Orlando, FL 32896-5060

Synchrony Bank/Sam's Club  
Attn: Bankruptcy Dept.  
P.O. Box 965060  
Orlando, FL 32896-5060

Tek Collect  
P.O. Box 1269  
Columbus, OH 43216

Transworld Systems  
500 Virginia Dr., Suite 514  
Ft. Washington, PA 19034

Trident Asset Management  
53 Perimeter Center East, Ste. 440  
Atlanta, GA 30346

UGI  
P.O. Box 13009  
Reading, PA 19612

Verizon Bankruptcy Dept.  
500 Technology Drive  
Suite 550  
Weldon Spring, MO 63304

Verizon by American Infosource, LP as ag  
4515 Santa Fe Ave.  
Oklahoma City, OK 73118